

No.	Item	N/A	Incl.
	(Note: "Exhibit A," "Exhibit B," etc. must be displayed at the top of each exhibit to the Firm Commitment)	<input type="checkbox"/>	<input type="checkbox"/>
	A. Special Conditions, if Applicable		<input type="checkbox"/>
	B. Exhibit A, Legal Description		<input type="checkbox"/>
	C. Exhibit B, Index to Drawing and Specifications		<input type="checkbox"/>
	D. Exhibit C, List of Major Movables		<input type="checkbox"/>
1-5.	HUD-92329, Property Insurance Schedule		<input type="checkbox"/>
1-6.1-5.	Property Insurance Requirements		<input type="checkbox"/>
	A. HUD-92447, Property Insurance Requirements		<input type="checkbox"/>
	Update and Additional Property Insurance Requirements (Appendix 2, H 01-03) Requirement		<input type="checkbox"/>
1-7.1-6.	Lender's Consolidated Certification		<input type="checkbox"/>
1-8.1-7.	Contact List		<input type="checkbox"/>
1-8.	Copies of any email guidance provided by HUD on this project before the submittal.		<input type="checkbox"/>
1-9.	Waiver Requests (use form HUD-2, Request for Waiver of Housing Directive)	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Third Party Reports ⁴			<input type="checkbox"/>
2-1.	Appraisal Update (if required)	<input type="checkbox"/>	<input type="checkbox"/>
2-2.	Market Study Update (if required)	<input type="checkbox"/>	<input type="checkbox"/>
2-3.	Intentionally Omitted		
2-4.	Architectural Analyst Report		<input type="checkbox"/>
	A. Inspection Report		<input type="checkbox"/>
	B. Seismic Analysis (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	C. Engineer & Specialty Reports (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2-5	Construction Cost Analyst Report		<input type="checkbox"/>
Only complete sections 3 through 7 if there are entities/principals that were not previously approved by HUD at the Initial Submittal stage.			
Section 3: Mortgage			
3-1.	Organizational Chart		<input type="checkbox"/>
3-2.	Organizational Documents		
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
	A. Articles of Incorp. A. Partnership Agreement A. Articles of Organiz'n		<input type="checkbox"/>
	B. Bylaws B. Cert. of Partnership B. Operating Agreement		<input type="checkbox"/>
	C. Authoriz'g Resolution C. Authoriz'g Resolution C. Authoriz'g Resolution		<input type="checkbox"/>
3-3.	2530/APPS:		
	A. Paper 2530:		
	1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
	2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)	<input type="checkbox"/>	<input type="checkbox"/>
	OR		
	B. APPS Submittal: APPS Certification (with documentation for signature authority to sign	<input type="checkbox"/>	<input type="checkbox"/>

No.	Item	N/A	Incl.
	<u>for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</u>		
<u>3-4.</u>	<u>Mortgagor's Consolidated Certification</u>		<input type="checkbox"/>
<u>3-5.</u>	<u>Credit Report</u>		<input type="checkbox"/>
<u>3-6.</u>	<u>Financial Statements – Year-to-Date⁵</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> 3. <u>Schedule of Pledged Assets</u> 4. <u>Schedule of Marketable Securities</u> 5. <u>Schedule of Accounts Payable</u> 6. <u>Schedule of Notes and Mortgages Payable</u> 7. <u>Schedule of Legal Proceedings</u> <u>B. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 4: Principal of Mortgagor (complete for each principal)⁶ List Principal Here			
<u>4-1.</u>	<u>Organizational Chart (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4-2.</u>	<u>Organizational Documents</u> <input type="checkbox"/> <u>Corporation</u> <input type="checkbox"/> <u>Partnership</u> <input type="checkbox"/> <u>LLC</u> A. <u>Articles of Incorp.</u> A. <u>Partnership Agreem't</u> A. <u>Articles of Organiz'n</u> B. <u>Bylaws</u> B. <u>Cert. of Partnership</u> B. <u>Operating Agreement</u> C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-3.</u>	<u>Resume/Evidence that individual or entity is qualified</u>		<input type="checkbox"/>
<u>4-4.</u>	<u>2530/APPS:</u> <u>A. Paper 2530:</u> 1. <u>Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</u> 2. <u>Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants.</u> (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm) OR <u>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-5.</u>	<u>Principal of Mortgagor Consolidated Certification</u>		<input type="checkbox"/>
<u>4-6.</u>	<u>Credit Report</u> <u>A. Principal of Mortgagor⁷</u> <u>B. Sampling of Principal's Other Business Concerns</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

No.	Item	N/A	Incl.
<u>4-7.</u>	<u>Financial Statements – Year-to-Date^{5/8}</u> <u>A. Balance Sheet</u> 8. <u>Aging of Accounts Receivable</u> 9. <u>Aging of Notes Receivable</u> 10. <u>Schedule of Pledged Assets</u> 11. <u>Schedule of Marketable Securities</u> 12. <u>Schedule of Accounts Payable</u> 13. <u>Schedule of Notes and Mortgages Payable</u> 14. <u>Schedule of Legal Proceedings</u> <u>B. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-8.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> 3. <u>Schedule of Pledged Assets</u> 4. <u>Schedule of Marketable Securities</u> 5. <u>Schedule of Accounts Payable</u> 6. <u>Schedule of Notes and Mortgages Payable</u> 7. <u>Schedule of Legal Proceedings</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-9.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> 3. <u>Schedule of Pledged Assets</u> 4. <u>Schedule of Marketable Securities</u> 5. <u>Schedule of Accounts Payable</u> 6. <u>Schedule of Notes and Mortgages Payable</u> 7. <u>Schedule of Legal Proceedings</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-10.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> 3. <u>Schedule of Pledged Assets</u> 4. <u>Schedule of Marketable Securities</u> 5. <u>Schedule of Accounts Payable</u> 6. <u>Schedule of Notes and Mortgages Payable</u> 7. <u>Schedule of Legal Proceedings</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>4-11.</u>	Personal Financial Statements (HUD 92417) <i>(To be completed by individuals)</i> ⁸		
Section 5: Operator (Lessee)			
<u>5-1.</u>	Organizational Chart		<input type="checkbox"/>

No.	Item	N/A	Incl.
5-2.	<u>Organizational Documents</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC A. Articles of Incorp. A. Partnership Agree'm't A. Articles of Organiz'n B. Bylaws B. Cert. of Partnership B. Operating Agreement C. Authoriz'g Resolution C. Authoriz'g Resolution C. Authoriz'g Resolution		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-3.	A. Resume/Evidence that individual or entity is qualified B. Schedule of Facilities Owned, Operated or Managed		<input type="checkbox"/> <input type="checkbox"/>
5-4.	2530/APPS: ⁹ A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm) <u>OR</u> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-5.	<u>Operator's Consolidated Certification</u>		<input type="checkbox"/>
5-6.	<u>Credit Report</u> A. Operator (Lessee) B. Sampling of Operator's Other Business Concerns C. Senior officers of the operator D. Any stockholder with a 25 percent or more interest in the operator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-7.	<u>Financial Statements – Year-to-Date⁸</u> A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-4,5-8.	<u>Architectural Analyst Report</u> <u>Engineer & Specialty Reports</u> (if applicable) <u>Financial Statements – FY 20XX¹⁰</u> A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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No.	Item	N/A	Incl.
	<u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> 3. <u>Schedule of Pledged Assets</u> 4. <u>Schedule of Marketable Securities</u> 5. <u>Schedule of Accounts Payable</u> 6. <u>Schedule of Notes and Mortgages Payable</u> 7. <u>Schedule of Legal Proceedings</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>6-8.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>6-9.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>6-10.</u>	<u>Financial Statements – FY 20XX¹⁰</u> <u>A. Balance Sheet</u> 1. <u>Aging of Accounts Receivable</u> 2. <u>Aging of Notes Receivable</u> <u>B. Income and Expense Statement</u> <u>C. Financial Statement Certification</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sections 3-7: Intentionally Omitted — see Supplemental Checklists below Section 7: Manager Agent¹¹			
<u>7-1.</u>	<u>Organizational Chart (if applicable – per footnote to this entire section)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>7-2.</u>	<u>Organizational Documents</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Corporation A. Articles of Incorp. B. Bylaws C. Authoriz'g Resolution </div> <div> <input type="checkbox"/> Partnership A. Partnership Agreeem't B. Cert. of Partnership C. Authoriz'g Resolution </div> <div> <input type="checkbox"/> LLC A. Articles of Organiz'n B. Operating Agreement C. Authoriz'g Resolution </div> </div>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>7-3.</u>	<u>HUD Management Certification Form (HUD-9839) (if applicable – per footnote to this entire section)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>7-4.</u>	<u>Management Agreement</u>		<input type="checkbox"/>
<u>7-5.</u>	<u>A. Resume / Evidence that individual or entity is qualified</u> <u>B. Schedule of Facilities Owned, Operated or Managed</u>		<input type="checkbox"/> <input type="checkbox"/>
<u>7-6.</u>	<u>2530/APPS:⁹</u> <u>A. Paper 2530:</u> 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the	<input type="checkbox"/>	<input type="checkbox"/>

No.	Item	N/A	Incl.
	<p>entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</p> <p>2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)</p> <p>OR</p> <p>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</p>	<input type="checkbox"/>	<input type="checkbox"/>
7-7.	Management Agent's Consolidated Certification ¹²		<input type="checkbox"/>
7-8.	Credit Report		<input type="checkbox"/>
Section 8: Real Estate			
8-1	<p>A. If Land is to be purchased:</p> <p>1. Intentionally Omitted</p> <p>2. Amendments or Extensions <u>Extension Agreements</u> to Purchase and Sale Agreement (since initial submission)</p> <p>B. B. Intentionally Omitted</p> <p>Intentionally Omitted</p>	<input type="checkbox"/>	<input type="checkbox"/>
8-2	<p>Licenses</p> <p>A. Certificate of Need (if applicable)</p> <p>B. Facility <u>Facility</u> License, copy of application^{13,14}</p> <p>C. Operator (Lessee) or Management Agent (if applicable)</p>	<input type="checkbox"/>	<input type="checkbox"/>
8-3	<p>Title</p> <p>A. Preliminary Title Report</p> <p>B. Pro Forma – 2006 ALTA Title Insurance Policy</p> <p>1. ALTA Form Environmental Endorsement</p> <p>2. ALTA Form Comprehensive Endorsement</p> <p>3. ALTA Form Endorsement deleting Arbitration Clause</p> <p>4. ALTA Location of Improvements Endorsement</p> <p>5. <u>Access and Entry (ALTA 17-06)</u></p> <p>6. <u>Arbitration Clause deleted</u></p> <p>7. <u>Zoning (ALTA 3.0-06 or equivalent)</u></p> <p>8. <u>Encroachments</u></p> <p>9. <u>Tax Parcel (ALTA 18-06 or equivalent)</u></p> <p>10. <u>Other:</u></p> <p>C. Exception Documents</p>	<input type="checkbox"/>	<input type="checkbox"/>
8-4	ALTA/ACSM Land Title Survey (completed according to <u>Lean Survey Instructions & Owner's Certification</u>)		<input type="checkbox"/>
8-5	<u>Intentionally Omitted</u>		
8-6	<u>Intentionally Omitted</u>		
8-7	<p>Evidence of compliance</p> <p>A. <u>Zoning</u></p> <p>B. <u>Building Codes</u></p> <p>Verification of Zoning and Code Variances <u>Commercial Space Leases</u> (if applicable)</p>	<input type="checkbox"/>	<input type="checkbox"/>
8-8	<p><u>Municipal services and other utility assurance letters</u></p> <p>A. <u>Electricity</u></p> <p>B. <u>Natural Gas</u></p> <p>C. <u>Telephone</u></p> <p>D. <u>Cable Television</u></p>	<input type="checkbox"/>	<input type="checkbox"/>

No.	Item	N/A	Incl.
	E. Water and Sewer Service		<input type="checkbox"/>
	F. Garbage Collection		<input type="checkbox"/>
	Storm Sewer Land Lease (Ground Lease) including HUD requirements/provisions outlined in FHA Form 2070 (if applicable)		<input type="checkbox"/>
8-9	Commercial Space Leases (if applicable) Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
8-1.	Land Lease (Ground Lease) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
8-2.	Real Estate Tax Abatement/Exemption (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	A. Evidence of abatement or exemption		<input type="checkbox"/>
	B. Form FHA-1708, Agreement for Payment of Real Property Taxes		<input type="checkbox"/>
8-10	Floodplain ¹⁵ A. Evidence of participation in an early warning system B. Emergency evacuation and relocation plan C. Identification of evacuation route(s) out of the 500-year floodplain D. Identification marks of past or estimated flood levels on all structures E. Evidence that current or prospective tenants have been or will be informed of the flood hazard. F. Conditional Letter of Map Revisions Revision (CLOMR) from FEMA that will remove the property from the FEMA-designated 100-year floodplain when the conditions are met. G. Intentionally Omitted A narrative discussing the following matters: <ul style="list-style-type: none"> Reasons why the proposal must be located in a floodplain. Alternative sites: Identify all practicable alternative sites outside the floodplain that were considered within the local housing market area, the local public utility service area, or whichever geographic area is more appropriate. The actual sites must be identified and the reasons for the non-selection of those sites as practicable alternatives must be described. All mitigation measures to be taken to minimize adverse impacts and to restore and preserve natural and beneficial values. 	<input type="checkbox"/>	<input type="checkbox"/>
8-11	Intentionally Omitted State Historic Preservation Office letter/requirements	<input type="checkbox"/>	<input type="checkbox"/>
8-12	Easements and Maintenance Agreements A. Existing B. Proposed	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Section 9: Operations (provide modified or previously unsupplied exhibits)			
9-1	Budgets: (each including census mix and occupancy assumptions) A. Stabilized Operating budget (12-months) B. Initial Lease-Up budget (monthly, initial occupancy to stabilized occupancy)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9-2	Staffing schedule (including job titles, salaries, and full time equivalents (FTE))	<input type="checkbox"/>	<input type="checkbox"/>
9-3	Reimbursement A. Application for Medicare Provider Agreement B. Application for Medicaid Provider Agreement	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9-4	Intentionally Omitted HUD-935.2A, Affirmative Fair Housing Marketing Plan		<input type="checkbox"/>
9-4.	Intentionally Omitted		
Section 10: Professional Liability Insurance (PLI)¹⁶			
10-1.	Schedule of Facilities Covered by PLI Policy Information on the PLI provider: A. Copy of each insurance carrier's license – showing the name of insurance carrier B. Evidence of insurance company(s) rating (<i>Print-out from AM Best Rating or other</i>)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10-2.	State licensing inspection reports, most recent, for all facilities identified on insured's Schedule of Facilities Owned, Operated or Managed. Limits of coverage and list of facilities	<input type="checkbox"/>	<input type="checkbox"/>

No.	Item	N/A	Incl.
10-3.	<u>(including bed counts) included under this coverage.</u> <u>Loss history (N/A if subject will be the only facility on the policy) State licensing surveys shall be transmitted as part of the application for the last three years of all individual facilities of the operator if the operator has less than five facilities to determine the quality of care provided by the operator. If the operator has five or more facilities, complete copies of state licensing surveys for all facilities with serious unresolved deficiencies (deficiencies where there is actual harm to residents commonly referred to as “G” or higher level deficiencies) shall be transmitted if this deficiency has not been removed within a one month period. If any facility has recent (within the last 2 years) resolved “G” or higher citations/deficiencies, submit the inspection report. Please provide a narrative discussion regarding the topic, the risk and how it will be mitigated.</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-4.	<u>Potential claims certification (N/A if subject will be the only facility on the policy) The operator or its parent operator must submit a six-year loss history of professional liability claims filed against it for all facilities controlled by the operator or parent operator. The six-year loss history should be provided in annual summary form (prepared by the insurance company or third-party administrator) and should:</u> <ul style="list-style-type: none"> <u>• Provide a current inventory of all paid or settled claims;</u> <u>• Break out the expected cost of claims in a year by year summary. In separate line items, list the amount of the actual and/or anticipated awards, claims expenses, and any funds reserved for estimated claims;</u> <u>• List total actual or estimated claims costs for compensatory damages, medical expenses, punitive damages and legal expenses incurred processing the claim;</u> <u>• Identify potential or expected professional liability claims in excess of \$10,000 that have been or may be filed for all periods within the statute of limitations for the State where the claim occurred;</u> <u>• Include a brief discussion or chart that provides the timeframe for the statutes of limitations for filing claims of negligence, injuries, wrongful death, and/or improper care based-the law in the states where the parent operator’s facilities are located.</u> <u>• Include a certification from the parent operator (operator – if no parent) as to the accuracy of this documentation. The certification must be signed, and dated by a senior officer of the parent operator (operator – if no parent), and include the following statement:</u> <u>“HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)”</u> 	<input type="checkbox"/>	<input type="checkbox"/>
10-5.	<u>This item intentionally omitted Evidence of current PLI cost</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-1.	<u>Evidence of anticipated PLI cost</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-2.	<u>Evidence of Proposed Insurer’s Rating</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-6.	Actuarial study, most recent ¹⁷¹⁸ (if applicable) <u>Note: This information is considered proprietary and is exempt from Freedom of Information Act requests.</u>	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
Section 11: Additional Funding Sources			
11-1	Grants and/or Loan <ul style="list-style-type: none"> Commitment letter (specifying amount, intended use, conditions) 	<input type="checkbox"/>	<input type="checkbox"/>
11-2	Bond Financing <ul style="list-style-type: none"> Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost. 	<input type="checkbox"/>	<input type="checkbox"/>
11-3	Tax Credits <ul style="list-style-type: none"> A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule) B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4) C. Reservation, executed copy D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4) E. HUD-2880, Applicant/Recipient Disclosure/Update Report F. Bridge Loan agreements G-F. Subsidy layering review (if applicable) 	<input type="checkbox"/>	<input type="checkbox"/>
Section 12: Accounts Receivable Financing Documents			
12-1	Revolving Loan Note	<input type="checkbox"/>	<input type="checkbox"/>
12-2	AR Loan Agreement with All Amendments	<input type="checkbox"/>	<input type="checkbox"/>
12-3	Lessee Security Agreement with FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
12-4	UCC-1 Filings and UCC Searches (all)	<input type="checkbox"/>	<input type="checkbox"/>
12-5	Guarantees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
12-6	Cash Flow Chart	<input type="checkbox"/>	<input type="checkbox"/>
12-7	Intercreditor Agreement (ICA) between A/R Lender and FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
12-8	HUD Rider to Intercreditor Agreement	<input type="checkbox"/>	<input type="checkbox"/>
12-9	AR Lender Lock-box Agreement or equivalent control agreement	<input type="checkbox"/>	<input type="checkbox"/>
12-10	Accounts Receivable Financing Certifications (Format posted to HUD.GOV)	<input type="checkbox"/>	<input type="checkbox"/>
12-11	Security Agreement with AR Lender and Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Section 1213: Contractor			
13-1	This Item Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
13-2	This Item Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
13-3	Resume or AIA A305, Contractor's Qualification Statement	<input type="checkbox"/>	<input type="checkbox"/>
13-4	APPS Certification 2530/APPS: A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm) OR B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
13-5	Contractor's Consolidated Certification	<input type="checkbox"/>	<input type="checkbox"/>
13-6	Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
	A. Contractor	<input type="checkbox"/>	<input type="checkbox"/>

No.	Item	N/A	Incl.
	B. Sampling of Contractor's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
13-7	Financial Statements – Year-to- Date ¹⁰ <u>Date</u> ⁵		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	8. SCHEDULE OF WORK IN PROGRESS		<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
13-8	Financial Statements – FY 2009 ¹⁰ <u>20XX</u> ¹⁰	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	<u>C.</u> Financial Statement Certification		<input type="checkbox"/>
13-9	Financial Statements – FY 2008 ¹⁰ <u>20XX</u> ¹⁰	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	<u>C.</u> Financial Statement Certification		<input type="checkbox"/>
13-10	Financial Statements – FY 2007 ¹⁰ <u>20XX</u> ¹⁰	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	B. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	C. Income and Expense Statement		<input type="checkbox"/>
	D. Financial Statement Certification		<input type="checkbox"/>

No.	Item	N/A	Incl.
Section 4314: Construction and Architectural Documents			
14-1	Plans ²¹ (to include separate plans for Offsite Construction)	<input type="checkbox"/>	<input type="checkbox"/>
14-2	Specifications ⁷ A. Full Specifications¹⁷ B. Division I of the Specifications (which includes the wage decision and HUD-2554, Supplementary Conditions all in one document)	<input type="checkbox"/>	<input type="checkbox"/>
14-3	State Licensing Approval of Plans ²²	<input type="checkbox"/>	<input type="checkbox"/>
14-4	Soils Report and Foundation Analysis	<input type="checkbox"/>	<input type="checkbox"/>
14-5	HUD-2328, Contractor's and/or Mortgagor's Cost Breakdown	<input type="checkbox"/>	<input type="checkbox"/>
14-6	Major Moveable Equipment Schedule and Budget	<input type="checkbox"/>	<input type="checkbox"/>
14-7	Construction Progress Schedule per AIA A201 ²³	<input type="checkbox"/>	<input type="checkbox"/>
14-8	Assurance of Completion ²⁴ • Commitment Letter from Surety or • Commitment Letter from Bank for Letter of Credit	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14-9	Owner-Architect Agreement on AIA Form B181 and Amendments A. Design and Supervisory Architect B. Design architect only C. Supervisory Architect only D. Other(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14-10	Information regarding offsite storage of approved building materials, if applicable ²⁵	<input type="checkbox"/>	<input type="checkbox"/>
14-11	Design Architect Certification	<input type="checkbox"/>	<input type="checkbox"/>
Section 14: Early Commencement of Construction¹⁵	Other-	Inserted Cells	
14-1-	Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>

Submission of DRAFT Closing documents with the final submission is encouraged.

Supplemental Checklists

Check all those that apply:

<input type="checkbox"/>	Mortgagor	Ownership change; principal not previously approved by HUD.
<input type="checkbox"/>	Principal(s) of the Mortgagor	Ownership change; principal(s) not previously approved by HUD.
<input type="checkbox"/>	Operator	Operator change; not previously approved by HUD.
<input type="checkbox"/>	Parent of the Operator	Operator change; not previously approved by HUD.
<input type="checkbox"/>	Management Agent	Management Agent change; not previously approved by HUD.

1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.

2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.

3 - Microsoft Word version of Draft Firm Commitment is to be provided electronically

4 - Appraisal and Market Study reports must be submitted within 120 calendar days of the date of the inspection. The Phase I Environmental report must be submitted within 180 calendar days of the date of the date of inspection.

5 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.

6 - This section of the checklist needs to be completed separately for each principal. The Lender should add a new section and label it with the name of each principal.

7 - If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.

8 For New Construction, Substantial Rehabilitation, and Blended Rate projects the firm commitment application must include the last three full years and year-to-date financial statements for the party who will be responsible for providing the financial requirements for closing and beyond. The Lender Narrative must also include a discussion on the available working capital of this party and their ability to support the project over the long term. In cases where a group of individuals come together on one project to meet the cash requirement a full year HUD-92417 on each will be satisfactory.

9 - Previous Participation for principals of the Operator and the Management Agent may also be required.

10 - Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

11 - See Matrix below to determine which items in this Section need to be provided with the application:

Scenario #	Description of Participant Roles	Checklist Items to complete
1	Mortgagor is Owner/Operator. One entity	Nothing from Section 7
2	Mortgagor has a Management Agent	All of Section 7
3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.	Nothing from Section 7
4	Mortgagor owns building and land, and leases to Operator. There is also a Management Agent.	Exhibits 7-4; 7-5; 7-6; 7-7; 7-8

12 - This consolidated certification is in addition to the form HUD-9839.

13 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity); identification of the entity that is anticipated to hold the license(s); and the number of beds that will be covered by the license(s).

14 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity); identification of the entity that is anticipated to hold the license(s); and the number of beds that will be covered by the license(s).

15 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.

16 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

17 - Actuarial study only required if the Insured participates in more than 50 healthcare facilities.

18 - Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial (3rd party) PLI, submit an actuarial study only if one has been previously completed.

19 – Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/TPA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.

20 – Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

21 - Plans provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. **Specifications provided with the Firm Application shall include Division I (when using the MasterFormat 1995) or Division 00-73-00 (when using the MasterFormat 2010), of the specifications** (which includes the **Davis-Bacon Wage Decision, wage decision** and **form HUD-2554, Supplementary Conditions of the Contract for Construction. Hard copies of the specifications are not required; however, must be provided in** a PDF, electronic version **must be provided with the application.** Note that the Lender's

Architectural Reviewer is still required to review the complete specifications.

22 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

23 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

24 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three ~~storystories~~ or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit ~~on BSPRA transactions.~~ As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit ~~on BSPRA transactions.~~ As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

25 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.